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Approved for use through 09/30/2000. OMB 0651-0032

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**DECLARATION FOR UTILITY  
OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR  Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e) required)

Attorney Docket Number	INJEC-016C1
First Named Inventor	THOMAS C. KURACINA
<b>COMPLETE IF KNOWN</b>	
Application Number	09/846,706
Filing Date	04/30/01
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN

**As a below named Inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NEEDLE TIP GUARD FOR HYPODERMIC NEEDLES**

the specification of which

is attached hereto  
OR

was filed on (MM/DD/YYYY) 04/30/01 as United States Application Number or PCT International Application Number 09/846,706 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	Certified Copy Attached	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Patent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/144,398	08/31/1998	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number 007663 → *Place Customer No. Bar Code Label Here*  
 OR  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB02C attached hereto.

Direct all correspondence to:	<input type="checkbox"/> Customer Number or Bar Code Label _____	OR <input checked="" type="checkbox"/> Correspondence Address Below
Name	Matthew A. Newbolds	
Address	STETINA BRUNDA GARRED & BRUCKER	
Address	75 Enterprise, Suite 250	
City	Aliso Viejo	State CA ZIP 92656
Country	U.S.	Telephone (949)855-1246 Fax (949)855-6371

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])	Family Name or Surname					
Thomas C.	Kuracina					
Inventor's Signature	<i>Thomas Kuracina</i>				Date	8/22/01
Residence: City	Ojai	State CA	Country	U.S.	Citizenship	U.S.
Post Office Address	714 Country Club Drive					
Post Office Address						
City	Ojai	State CA	ZIP 93023	Country USA		

X Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto.



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PTO/SB/02A (3-97)

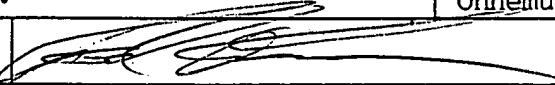
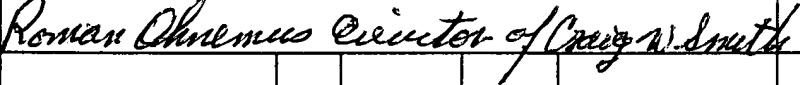
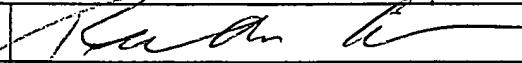
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_\_ of \_\_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Randall E.		Ohnemus					
Inventor's Signature						Date	8/22/01
Residence: City	Ventura	State	CA	Country	USA	Citizenship	USA
Post Office Address	9648 Halifax Street						
Post Office Address							
City	Ventura	State	CA	ZIP	93004	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Craig W.		Smith					
Inventor's Signature						Date	8/23/01
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Post Office Address	3854 Tacoma Street						
Post Office Address							
City	Ventura	State	CA	ZIP	93004	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Richard		Cohen					
Inventor's Signature						Date	8/22/01
Residence: City	Ventura	State	CA	Country	US	Citizenship	US
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Post Office Address							
City	Ventura	State	CA	ZIP	93004	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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AUG 30 2001

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PTO/SB/02A (3-97)

<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> Page <u>1</u> of <u>1</u>					
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
DAVID		ROLLO					
Inventor's Signature	<i>DAVID Rollo</i>					Date	8/21/01
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Post Office Address	6959 Via Mariposa Norte						
Post Office Address							
City	Bonsall	State	CA	ZIP	92003	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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